



**Testimony of the Connecticut Juvenile Justice Alliance for the Select  
Committee on Children  
March 6, 2012**

Regarding  
**HB 5347- AN ACT CONCERNING THE REPORTING OF CHILDREN PLACED IN  
SECLUSION and  
SB 293- AN ACT CONCERNING PERMANENCY AND TRANSITION PLANS**

Senator Gerratana, Representative Urban and members of the Select Committee on Children: My name is Abby Anderson, and I am here today as the executive director of the Connecticut Juvenile Justice Alliance and co-chair of the Keep the Promise (KTP) Children's Committee. The Alliance is a statewide, non-profit organization that works to reduce the number of children and youth entering the juvenile and criminal justice system, and advocates for a safe, effective and fair system for those involved. The Keep the Promise Children's Committee works for an effective, full continuum of children's mental health services that prevents further mental health or juvenile justice system involvement.

I am here to testify on the issues of the use of seclusion in schools and transition planning for young adults. Both of these bills have an impact on youth dealing with mental or behavioral health difficulties and kids who have been or are involved with the juvenile justice system.

I would like to thank the Children's Committee for raising a bill, HB 5347, to address the reporting requirements of children placed in seclusion and restraint. While data collection is a valuable tool to recognize patterns and track how often these practices are used, my concern is that this bill does not address the underlying issue at hand: the use of seclusion in schools. We propose that the limitations on the use of seclusion in schools be the same as the limitations that Connecticut currently places on the use of physical restraint, i.e., that seclusion be allowed in emergency situations only and not in an IEP. The following states limit the use of seclusion to physical safety emergencies only or ban the practice entirely: Oregon, Colorado, Louisiana, Tennessee, Vermont, Wyoming, Georgia, Maine, Nevada, Pennsylvania and Texas.[1]

Under current Connecticut law, seclusion may be part of an IEP. However, there is no evidence to suggest that seclusion has therapeutic value or enhances educational outcomes. We cannot allow schools to rely on seclusion as an effective treatment. Instead, we must work with school administrators to train school staff and teachers to use positive behavioral interventions that have proven success in de-escalating problematic behavior. When teachers and administrators know about and understand alternative responses to these behaviors and other community based resources they can access, like Emergency Mobil Psychiatric Services, the use of things like seclusion and school based arrests can be reduced.

CT should have the safest, most effective and humane teaching and learning environments in the country. That is not the case now. We can fix that. The Keep the Promise Children's Committee recently hosted a School Based Mental Health Summit, which highlighted the good work going on in different parts of the state to integrate mental health services for youth into the schools. All of the PowerPoints are available on the KTP website and the forum itself was taped by CT-N. Increasing the number of psychologists and social workers in schools, providing

ongoing staff training regarding the proper use of interventions, and increasing the presences of comprehensive School Based Health Centers are just some of the steps we can take to address students' needs on an individual basis and reduce seclusions and school based arrests.

I would also like to thank the Committee for raising SB 293 as the Keep the Promise Coalition has been advocating for effective transition planning for numerous years. Especially as Raise the Age goes fully into effect this summer and the age of juvenile justice youth within DCF increases, it is crucial that DCF develop personalized transition plans that include specific strategies to address the following life areas, and where appropriate, provide assistance in accessing: housing, health insurance, education, opportunities for mentors, workforce support, employments services, and benefits. There is, however, one piece of this transition puzzle that is missing from SB 293. We must ensure that there is a coordinated and collaborative transition of youth from DCF to DMHAS. An average of 343 young people transition from DCF to DMHAS services each year. That translates into over 1,700 youths transitioning from DCF to DMHAS within a five-year period (2007-2011). DMHAS young adult services - assistance in obtaining housing subsidies, residential services, job training and education, clinical services and case management - are not just important elements to document. Rather, these elements are necessary to ensure a safe and successful transition.

The costs of not ensuring safe and successful transitions are not only dire for the individual youth but also have significant economic consequences for the state including increased likelihood of youth dropping out of school, becoming homeless and unemployed, abusing drugs, attempting or contemplating suicide, and entering or reentering the justice system.

We acknowledge that DCF and DMHAS entered into a Memorandum of Agreement and have been collaborating in the past few years to improve transition planning for youth. However, currently there is no system to provide data in the process and outcomes. Our recommendation is to have Value Options, which now contracts with the State to manage behavioral health services for children and adults, collect and report data. It is our understanding that they can collect and report data related to these transitioning youth, such as:

- The number of youth identified at age fourteen as likely to transition;
- The numbers of youth accepted for adult services;
- The timeline and frequency of collaboration in developing and implementing transition plan;
- The services provides to these youth to prepare them for transition;
- The outcomes in the initial transition, engagement in adult services and success in independent living, including housing, education and employment.

Thank you for your time and attention. I am happy to answer any questions you may have.

[1] Jessica Butler, *How Safe Is The Schoolhouse? An Analysis of State Seclusion and Restraint Laws and Policies*, 14-5. The Autism National Committee. (January 20, 2012).  
<http://www.cpacinc.org/2012/01/analysis-of-state-seclusion-and-restraint-laws-and-policies/>